

Care Management Group Limited

Care Management Group - 7 Birdhurst Rise

Inspection report

7 Birdhurst Rise
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Care Management Group 7 Birdhurst Rise is a residential care home for up to nine people who have a learning disability, some have mental health related issues and behaviour that challenges. At the time of our inspection seven people were using the service.

The service was a large home, bigger than most domestic style properties. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff did not wear anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found

Staff knew how to keep people safe. They used different ways to communicate with people to find out how they were feeling and what choices they wanted to make. Care records helped staff know what was important to people and how they wanted to be supported. Information was available for people in a way they could understand.

People knew staff and the registered manager. They were comfortable approaching them, asking questions or speaking about their day. Staff took time to listen and responded appropriately. Staff treated people with kindness and respect and relatives told us staff were kind and caring. Staff had received training and had the support they needed to understand and meet people's needs.

People were encouraged to make choices about their lives and to be as independent as they could be. Staff helped people work towards their goals and encouraged people to engage in the activities they wanted to do. Staff supported people to follow their interests and to learn new skills. Staff helped people keep in contact with their family and friends.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff supported people to attend health care appointments and made sure health care professionals knew how to support people during treatment.

Managers and staff put people at the centre of the service. People were asked their views about how the service was run and what staff could do to make things better.

Managers and staff knew how to record and report concerns, this included any safeguarding concerns.

When an incident or accident happened, the reason was investigated and changes were made to make things better for people.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 20 April 2017) .

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Care Management Group - 7 Birdhurst Rise

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector

Service and service type

Care Management Group - 7 Birdhurst Rise is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before our inspection we reviewed information we held about the service. This included notifications the provider is required by law to send us about events that happen within the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

During our inspection we spoke with three people using the service. We observed interactions between people and staff to help us understand their experiences of receiving care and support at the service. We spoke with the regional, the registered and the deputy manager, and three staff members. We looked at records which included three care plans, two staff files, medicine records and other records relating to the management of the service.

After the inspection

After our inspection we spoke with three relatives of people using the service to hear their views, and the manager sent us additional information including staff training, staff meetings and quality checks.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were observed to be comfortable and relaxed at the service. People approached staff without hesitation and discussions and interactions were friendly indicating people trusted the staff that supported them. Relatives told us their family members were happy and felt safe living at the service one relative told us, "There is a huge trust between [person's name] and staff...I don't worry about them at all now [person's name] is in such good hands."
- Staff told us what they would do if they thought a person had been abused or was at risk of being abused. This included reporting their concerns to their manager, the local safeguarding authority and the Police if necessary.
- Contact details of the local safeguarding authority were clearly displayed for people and staff in the service.

Assessing risk, safety monitoring and management

- The provider recognised and managed people's risk. Staff knew people well and had a good knowledge of the risks people faced and how best to support them.
- Care records contained detailed risk assessments, centred around people's individual needs, these were updated regularly.
- Staff checked the service to make sure the environment was safe for people to live in. Regular environmental audits and fire checks were carried out to identify any problems, and systems were in place to fix issues quickly to help maintain a safe environment.
- When people's behaviour challenged the service, staff had the information they needed to help them prevent and manage behaviour in a safe way.

Staffing and recruitment

- There were enough staff on duty to keep people safe. Staff told us their rotas were planned flexibly to accommodate people's outings, activities and healthcare appointments. Staff rotas were planned so staff had designated time to give people the one to one support they needed. During our inspection staff were always visible and on hand to meet people's needs and requests.
- Staff told us there were enough of them on duty to support people and meet their needs.
- The provider followed safe recruitment practices. Checks were carried out before employment started to make sure staff were suitable for the role.

Using medicines safely

- People received their prescribed medicines safely. People's medicines were kept securely. Medicine administration records (MAR) were appropriately completed and we did not find any recording errors. Medicine profiles were in place with information about each medicine including the dose, why it was needed

and any side effects. This was to help people and staff understand why a medicine was needed.

- Staff knew about people's medicines. Staff received regular training in medicine management and yearly competency checks were completed by the registered manager to ensure staff continued to have the skills and knowledge to keep people safe.
- The manager carried out regular audits to check that medicines were being managed in the right way. The pharmacist visited yearly to make sure the service was up to date with their systems and processes in line with national guidance.

Preventing and controlling infection

- Arrangements were in place to make sure the service was kept clean and hygienic so people and staff were protected from the risk of infection. Staff had access to personal protective equipment when needed and all staff had received training in infection control and food hygiene. Cleaning schedules were in place and a monthly infection control audit was in place.
- The service was clean and tidy. Communal bathrooms and toilets had hand washing and drying facilities and were clean and free from odours.

Learning lessons when things go wrong

- Staff recorded incidents and accidents when they happened and arrangements were in place to review incidents to make sure the right action was taken to reduce future risk to people. When things went wrong lessons were shared to make things better for people.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed when they first started to use the service and continued to be updated as people's needs changed. Assessments included information about people's views, spiritual and cultural beliefs so staff could provide the appropriate care and support.
- Where possible, new people joining the service did so gradually, over a period of time. The deputy manager told us it was important for the person to get to know staff and the people already living at the service so they could make the transition smoothly.
- Regular care reviews were conducted involving people, staff and family members, if appropriate.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience

- Staff told us they received enough training to provide people with the care and support they needed. Staff thought the training provided was very good and focused on the needs of people living at the service.
- Staff training was provided in a mixture of e-learning and face to face training. Additional service specific training was provided, this meant staff were up to date with the current guidance and best practice to help them support people well.
- The provider monitored staff training and reminders were sent to staff when their yearly refresher training was due. Appropriate action was taken when training was not completed to make sure all staff received their training when they needed it.
- Staff felt they were well supported by their managers and regular one to one meetings, team meetings and yearly appraisals gave opportunities to discuss any issues including learning and development.

Supporting people to eat and drink enough to maintain a balanced diet

- People were able to make choices about their food and drink. Staff supported people to make healthy choices about their food and made sure people had enough to drink.
- People were involved in choosing their meals and staff encouraged people to try a variety of food from different cultural backgrounds. Healthy snacks and a variety of drinks were available for people throughout the day.
- People's likes and dislikes were recorded in their care records along with any special dietary needs and when people required additional support the appropriate healthcare professionals were involved to give advice and support.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live

healthier lives, access healthcare services and support

- People were supported to access the healthcare services they required. The registered manager told us about the excellent links they had made with local healthcare professionals and how this helped put people at ease during visits and consultations. Records confirmed regular visits to GPs, and appointments with the dentist, optician, chiropodist and other healthcare professionals.
- Records contained health care and dental passports which included personal details about people, their healthcare needs and how healthcare professionals can best support them.

Adapting service, design, decoration to meet people's needs

- The service was large enough to give people privacy when they needed it and to offer space for spending time with others. People's rooms were over three floors and the first and second floors are accessed via stairs. Each person had their own en-suite bedroom and the use of communal facilities; these include a lounge, activities room, a large kitchen/dining room and spacious garden. In the garden at the rear of the house was a detached purposely built annexe with self-contained accommodation for one person. .
- People's views were sought about the design and decoration of the premises. People's art work was displayed around the service and photographs of each person were on show in the lounge creating a homely feel to the environment. Peoples were involved in the decoration of their bedrooms. One person showed us their room and we noted a wide range of colours and decor with personal objects, pictures and photographs on display.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity to make particular decisions had been assessed and best interest decisions were made with the involvement of appropriate people such as relatives and staff.
- Where the registered manager thought there were restrictions on people's liberty applications had been made to the local authority. A log was kept of the authorisations received together with any conditions the provider needed to meet. We saw one person's application had expired and had not been renewed. The registered manager explained a renewal application had been sent but they had not received a response from the local authority. After our inspection we received an email from the registered manager and the local authority giving the reasons for the delay and confirming an authorisation would be approved without delay and legal requirements would be met.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives told us staff were caring and comments included, "The staff are definitely caring" and "The care is superb, this is the happiest I have ever seen [person's name]."
- During our inspection we observed people's interactions with staff were positive. The atmosphere was lively and busy with people actively engaging with staff. This included group activities and one to one activity. One relative told us, "Staff really make [my family member] feel important" and went on to explain the lengths staff went to support their family member. They said, "They[staff] are so quietly getting on with things but they are making such a difference."
- Staff knew people well and were able to tell us about people's individual needs, preferences and personalities. This included respecting people's cultural and spiritual needs, for example, staff helped people celebrate important dates and religious festivals.
- Staff were friendly and open, they spoke positively about their work and how they supported people. Comments included, "I like people calling my name, the happiness of supporting and doing good for someone during the day. I look forward to coming in for another shift" and, "I really enjoy my job, it makes me happy supporting people".

Supporting people to express their views and be involved in making decisions about their care

- People were involved in decisions about their care and support. We observed people making choices during our inspection and staff supporting them to do this. For example, one person chose to get up late and another person helped with household chores.
- People's communication needs varied and staff knew the best way to speak to people and ask for their views. For example, one person's choice was to write responses for staff rather than speak to them. Staff were patient with people when asking about their choices and decisions. We observed staff gave people time to think about what they would like for lunch or what activity they would like to do.
- When necessary, people had access to advocacy services if they required support making decisions.
- When people's behaviour challenged the service we observed staff were always on hand to support people. Staff were aware of body language and signs people used to express their needs and feelings and what these were likely to mean. Staff provided reassurance when people needed it, they knew people's routines and followed these to help reduce people's anxiety.

Respecting and promoting people's privacy, dignity and independence

- We observed staff were respectful of people's dignity and privacy. Staff understood people's needs so were able to support people in a discrete way using people's prompts and gestures to recognise the support they

needed.

- Staff told us how they respected people's privacy and dignity and people's care records centred around their choices and guided staff in how they should give people choice and encourage independence.
- People were encouraged and supported to be as independent as they could be. Staff gave us examples where people had learned new skills and gained increased confidence in daily activities. For example, people had been growing their own vegetables over the summer and were now picking and cooking vegetables for their meals. Staff confirmed how one person especially enjoyed eating the fresh vegetables they had picked from the garden.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care records focused on their strengths, level of independence and quality of life and recorded all elements of their physical, mental and social needs. This meant staff could make sure people received personalised care that responded to their needs and resulted in good outcomes.
- Relatives told us they felt involved in their family members care. They received monthly update reports, were invited to review meetings and were able to speak to staff at any time.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff encourage people to maintain relationships with those who were important to them. Relatives told us they felt welcome when they visited the service. One relative told us they had often visited without any notice but there was never any issues and they always felt welcomed. The registered manager explained relatives were welcome at any time and the service encouraged relative's to get involved in activities and events.
- People were actively engaging in activities and household chores during our inspection. People had individual activity planners and these covered a broad range of in-house and community activities. Staff told us about the friends people had made when they visited regular clubs and groups and told us about the holidays people had been on. Photographs of people's experiences were in their care records and our observations confirmed staff supported people to be busy and active if this is what people wanted.
- Staff attended training on equality and diversity to helped them understand the diverse needs of people. Care records included details about people's ethnicity, preferred faith and culture and staff used this knowledge to respond and support people with these needs. For example, staff used a summer BBQ to introduce people to difference cultural foods and learn about different flavours and tastes.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care records included information about their individual communication needs and how these should be met. Staff knew the best ways to communicate with people so they could share their wishes and views and this was observed during our inspection.
- The provider had produced a variety of documents written in a format people could easily understand this included guidance for people when they wanted to make a complaint or what they should do if they did not

feel safe.

- People had detailed communication passports. These contained information for staff to best communicate with people this included how to ask questions, communication methods and the best way to engage people in a conversation.

Improving care quality in response to complaints or concerns

- Information was available for people on what to do if they were unhappy or wanted to make a complaint. Staff asked people how they felt and supported people if wanted to make a complaint or were concerned about something.
- Relative's told us they knew who to make a complaint to if they were unhappy but had not needed to do this. They told us they had confidence when they spoke to the registered manager about their family members care, they would be listened to.
- The registered manager took concerns and complaints about the service seriously with any issues recorded and acted upon. The service had a complaints procedure which clearly outlined the process and timescales for dealing with complaints.

End of life care and support

- People's preferences and choices for their end of life care were recorded in their care and support records. This made sure people had a choice about what happened to them in the event of their death and that staff had the information they needed to make sure people's final wishes would be respected.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were at the centre of the care and support they received. The provider had created a positive, person centred culture through staff training and support. Conversations with staff and managers confirmed this. Relatives we spoke with knew the registered manager and the deputy and spoke with them regularly. Relatives told us the communication was excellent with regular updates on events and celebrations. One relative told us, "Some staff have been there a long time, there is a really community sense amongst staff. It really has been life changing for my relative."
- Staff were complimentary about the registered and deputy manager and the support provided and felt there was effective teamwork at the service. Comments included, "The managers are fantastic, they have always supported me", "We have a very good team, the way we communicate with each other is very good" and "[The registered and deputy manager] are very open, we can have a chat to them at any time, they are so supportive."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; continuous learning and improving care

- Systems were in place to learn lessons when things went wrong and the registered manager encouraged openness and transparency in all aspects of the service.
- Lessons learnt were discussed during team meetings and supervision and staff told us they felt comfortable reporting any concerns to the manager and felt they would be listened to.
- The provider shared examples of when things had gone wrong across the organisation. Staff told us this helped them to make changes locally and we were given examples of new systems that had been introduced to help make things better for people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear management structure in place. We spoke with the senior staff team and they all understood their responsibilities and duties in line with the regulatory requirements.
- The registered manager also managed another location run by the same provider. He was supported by a deputy manager who knew their role and responsibilities. This gave us assurance the service would continue to be well led when the registered manager was not there.
- The provider had a robust systems in place that allowed them to manage and assess the risks to people and the quality of care and support people received.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their representatives, and staff were asked for their views about their care and treatment and their views were acted on. We observed people were encouraged to give their views to staff at any time. They also had the opportunity to do so during regular meetings and one to one meetings with a designated staff member.
- People, their family members and staff were asked for their views and opinions on how the service was run. They were given regular surveys to share their feedback. The provider then analysed these to identify areas of improvement.
- The registered manager explained how they worked with family members. They told us, " We work will with family members to make sure people have the best quality support, when you can get families involved it always helps."

Working in partnership with others

- The service worked in partnership with other agencies including a range of healthcare professionals, the local authority, safeguarding teams and multi-disciplinary teams. Recommendations and advice from other agencies were used to help improve the outcomes for people and make sure people's care and support was provided in relation to their individual needs.